

State of Kansas Time and Leave Document

Department		Emplid		Rcd#		Pg.
Pay End Dt	8/8/2009	Name (L,F M)				1
Position Nbr		FLSA	N	FTE	1.00	Work Schedule 8MF1

Erncd	Description	Sun 7/26	Mon 7/27	Tue 7/28	Wed 7/29	Thu 7/30	Fri 7/31	Sat 8/1	Sun 8/2	Mon 8/3	Tue 8/4	Wed 8/5	Thu 8/6	Fri 8/7	Sat 8/8	Totals	Task Profile	Task Group
	REG																	
	VAC																	
	SCK																	
	HOO																	
	FNL																	
	CME																	
	Hrs Worked																	
	In																	
	Out																	
	In																	
	Out																	
	CTLA Hours																	
	FLSA Hours		8	8	8	8	8			8	8	8	8	8		80.00		

All times on this report reflect actual time charged, including leave time, and is true and correct to the best of my knowledge.

Employee's Signature / Date _____

Agency Authorization / Date _____